## Foster Family Home - Corrective Action Report

Provider ID:	1-150080				
Home Name:	Caroline Batacan, CNA	Review ID:	1-150080-5		
94-365 Kahuale	na St.	Reviewer:	Carrie Wakai		, 2
Naipahu	HI 96797	Begin Date:	11/10/2017	End Date: 2/2	12018
Foster Family	Home Required Certif	icate	[17	-1454-6]	
6.(d)(1)	Comply with all applicable rec	quirements in this ch	apter; and		
Comment:					
6.d.1-Home vi all items due t	sit made for a 2 client CCFFH o CTA by 12/10/2017.	recertification surv	ey. Corrective	action report was iss	ued during the visit with
Foster Family	y Home Background Cl	necks	[17	'-1454-7.1]	
7.1.(a)(1)	Be subject to criminal history	record checks in ac	cordance with sec	ction 846-2.7, HRS;	
7.1.(a)(2)	Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and				
Comment:					
but could not	APS/CAN present in the home's be located in the home's folder	•	•		apsed, due on 11/11/17
Foster Famil	y Home Personnel and	Staffing	[1]	7-1454-41]	
41.(b)(7)	Have a current tuberculosis				
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.				
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.				
Comment:					
41(b)(7)-Curr	ent TB clearance for HHM#3, I	HM#4, HHM#5 &	CG#1-CG#3 co	ould not be located in	home's folder.
41(b)(8)-No o	current CPR card present for C does not have documentation c	G#2-exp. 2/16 and of annual training h	d no current first nours in folder.	aid card present on	CG#1.
Foster Fami				7-1454-43]	
43.(a)	The home shall care for not	more than three add	ults at any one tim	e, who are unrelated to	the foster family
Comment:					
43(a)-Home	does not have an available roc commodate at least 2 clients.	om for a client at t	nis time. She is	currently looking for	another home to rent
	Compliance Manager	Water P	V	11-	10-17
	Compliance Manager	V		Date	10-17
	AA-	_		11-	10-17
	Primary Care Giver	<del></del>		Date	/
Page 1 of 1					11/16/2017 13:08

2/2/18 - PCG did not complete corrective action plan & home expired 3/2/18.